Name in Full: Rosa Amoss.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bradenbaugh — County: Harford

Date of death: Month: April — Day: 19 — 1905 — Age: Years: 15 — Months: 6. — Days:

Sex: Female — Color or Race: White — Birthplace: Harford. Co.

Occupation: Schoolgirl. — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Thomas Amoss — Father's Birthplace: Harford Co. Bradenbaugh

Mother's Maiden Name: Mary Hudson — Mother's Birthplace: Harford Co.

Name of person giving information: John R. Kirkwood — How related to deceased: Friend.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 4 Months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James S. Akehurst

Address: Norrisville Md.

Accident or Suicide?

Name in Full: Thos Lee Ayno

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Shawsville — Town

County: Hartford

Date of death 1905: Month: April — Day: 2

Age: Years: X — Months: 8 — Days:

Sex: Male

Color or Race: White

Birthplace: Shawsville

~~Married~~ Single ~~or Widowed~~

Occupation: X

Name of Wife or Husband: X

Father's Name: J Upton Ayno

Father's Birthplace: Shawsville

Mother's Maiden Name: Mary Millicent

Mother's Birthplace: Shawsville

Name of person giving information: Barton Almony

How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Brain Complication — How long: 6 days

Are the name, aga, sex, color. date and place correctly given above? Yes

Signature of Physician: Frank T Turner

Address: White Hall Md

Accident or Suicide?

Name in Full: William Alfred Baldwin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Aberdeen
County: Harford

Date of death: 1905 April 2
Age: Years 46 Months — Days —

Sex: Male
Color or Race: White
Birthplace: Aberdeen

Occupation: Stone Mason
Where Residing if not at place of death: Aberdeen

Married, ~~Single or Widowed~~: Married
Name of Wife or Husband: Wm. A Baldwin

Father's Name: Garrett Baldwin
Father's Birthplace:

Mother's Maiden Name: Alyson Keery
Mother's Birthplace:

Name of person giving information: Tilson Gauder
How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun shot wound in head
How long:

Immediate:
How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: James J Pritchard Coroner acting

Address: Aberdeen Md

Accident or Suicide? Suicide

Name in Full — Certificate of Death

Clifton Boyd —

Died at Town: Hilford County: Wasford — MARYLAND

Date 19 05 Month: April Day: 12 | Age Y. 2 M. 1 D. 10 | Native of: Md | Occupation:

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of / Wife

Father's Name: David F. Boyd. Mother's Maiden Name: Lydia [illegible]

Cause of Death — Primary: Gastro Enteritis — 106 — How long sick: One week

Immediate: ~~Accident, Suicide, Homicide~~

Reported by: W. S. Gorrell M.D.

Address: Churchville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Sarah E. Cairnes

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Jarrettsville — County: Harford

Date of death 1905: Month: April — Day: 29 — Age: Years: 65 — Months: 7 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Jarrettsville

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband: Dr Chas A Cairnes

Father's Name: Luther M Jarrett — Father's Birthplace: Taylor

Mother's Maiden Name: Julia A. Scarff — Mother's Birthplace: Taylor

Name of person giving information: M L Jarrett — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer — How long: One year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M L Jarrett

Address: Jarrettsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: John Ambrose Casey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 1906 — Month: April — Day: 16 — Age — Years: 61 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: Hde Grace

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Mary A Casey

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: " — Mother's Birthplace: —

Name of person giving Information: Mary A. Casey — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Pulmonary Tuberculosis — How long: 1 yr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: J. Lee Hopkins M.D. Havre de Grace, Md

Accident or Suicide?

PHYSICIAN OR CORONER

21

Name in Full: Dorothy M Christy

CERTIFICATE OF DEATH

MARYLAND

Died at: Mechanicstown (Town) Frederick (County)

Date of death 190 April (Month) 30 (Day) Years Months 10 Days

Age

Sex: Female

Color or Race: Colored

Birth-place: Mechanicstown

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: George Christy

Father's Birthplace: Hagerstown

Mother's Maiden Name: Angie Harris

Mother's Birthplace: " "

Name of person giving Imformation: Sarah Christy

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

61

Primary: Meningitis — How long: 4 days

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Otto

Address: Frederick Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Wm. Henry Clowman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died: Near Benson — Town; Harford — County

Date of death 1905	Month	Day	Years	Months	Days
	April	29	50	2	7

Age

Sex: Male — Color or Race: White — Birthplace: Harford Co.

Married, ~~Single or Widowed~~ — Occupation: Laborer

Name of Wife ~~or Husband~~: Anna Elizabeth Clowman

Father's Name: Edward Clowman — Father's Birthplace: Harford Co. Md.

Mother's Maiden Name: Elizabeth Samson — Mother's Birthplace: " " "

Name of person giving In formation: Anna Elizabeth Clowman — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 10 days

Immediate: Toxaemia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Purnell Tappleyton

Address: Bel Air.

Accident or Suicide?

Name in Full: Mrs. Martha Maria Coale

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Churchville; County: Harford County

Date of death 1905: Month: April; Day: 19; Age: Years: 82; Months: 5; Days: 3

Sex: Female; Color or Race: white; Birthplace: Harford Co.

Occupation:

Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Widowed; Name of Wife or Husband: Isaac Webster Coale

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. L. Robert

Address: Churchville

Accident or Suicide?

154

Name in Full: Aquilla J. Cooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Level — County: Harford

Date of death 190 5 — Month: Apr. — Day: 22 — Years: 74 — Months — Days

Sex: Male — Color or Race: white — Birthplace

Occupation: Laborer — Where Residing if not at place of death: at his son

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Lucinthia E. Forwood

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Nelson Cooper — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlarged Prostate. Cystitis — How long: several years

Immediate: General debility — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Lee Hopkins

Address: Havre de Grace

Accident or Suicide?

25

Name in Full: Adelia Crawley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Street (Town) Harford (County)

Date of death: 1905 Month: 4 Day: 19

Age: Years 75 Months ___ Days ___

Sex: Female. Color or Race: White Birthplace: Md

Occupation: ___ Where Residing if not at place of death: ___

~~Married, Single or Widower~~ Name of Wife or Husband: ___

Father's Name: Samuel Crawley. Father's Birthplace: ___

Mother's Maiden Name: Jane Crawley Mother's Birthplace: ___

Name of person giving information: Elizabeth Hayes How related to deceased: Sister in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty Degeneration of Heart How long ___

Immediate: Heart Failure How long ___

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. W. Farnour

Address: Street Md.

Accident or Suicide?

LIBRARY BUREAU A#3516

Name in Full: George H. Daugherty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fountain Green; County: Harford

Date of death 190[illegible]: Month: Apr; Day: 21

Age: Years: —; Months: 19 months; Days:

Sex: Male; Color or Race: Negro; Birthplace: Harford County

~~Married~~, Single or ~~Widowed~~; Occupation: —

~~Name of Wife or Husband~~

Father's Name: Ambrose H. Daugherty; Father's Birthplace: Harford Co

Mother's Maiden Name: Annie M. Hooper; Mother's Birthplace: do

Name of person giving information: Ambrose H. Daugherty; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic bronchitis; How long: several months

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: William T. Archer

Address: Bel Air Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Lawrence Ambrose Denbaum

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): near Aberdeen

County: Harford

Date of death 1905 — Month: Apr. — Day: 30

Age — Years: — Months: 1 — Days: 21

Sex: Male

Color or Race: White

Birthplace: Harford

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Lewis A. Denbaum

Father's Birthplace: Harford Co

Mother's Maiden Name: Annie L. Mitchell

Mother's Birthplace: Harford

Name of person giving Information: Lewis A. Denbaum

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Septicaemia — How long: 10 days

Immediate: Convulsions — How long: 12 hours

20

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. B. White

Address: Aberdeen Md

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: John Henry Duff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Garland — County: Harford

Date of death 1905: Month: 4 — Day: 7 — Age: Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Ohio

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Phoeby Flahart

Father's Name: Thos Duff — Father's Birthplace:

Mother's Maiden Name: Margaret A Curry — Mother's Birthplace:

Name of person giving information: Dave Duff — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: Several weeks

Immediate: Heart complication — How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Hopkins

Address: Havre de Grace

Accident or Suicide? Natural Causes

10

Name in Full: Edna M. Elste

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Joppa — County: Harford

Date of death: 1905 — Month: 4 — Day: 11 — Age: Years: 8 — Months: 10 — Days: —

Sex: Female — Color or Race: White — Birthplace: Joppa

Occupation: — — Where Residing if not at place of death: —

~~Married~~, Single or Widowed — Name of Wife or Husband:

Father's Name: Geo Elste — Father's Birthplace:

Mother's Maiden Name: Ida Allender — Mother's Birthplace:

Name of person giving Information: Geo Elste — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis (Tuberculosis) — How long: abt 9 months

Immediate: General debility — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes. —

Signature of Physician: A. H. Keyser M.D.

Address: Bakerville Md

Accident or Suicide? No. —

Name in Full Galloway

Certificate of Death

Died at Town Havre de Grace County Harford Co MARYLAND

Date 1905 Month April Day 13 | Age Y. 2 M. D. | Native of Harford | Occupation

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name Walter Galloway

Mother's Maiden Name Martin

Cause of Death: Primary Pneumonia — How long sick 2 weeks

Immediate " — Accident, Suicide, Homicide

Reported by A C Mathews

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Lynwood Galloway

Town

County

Died at Havre de Grace Harford Co MARYLAND

Date 19 35	Month Apl	Day 28	Age Y. 11 M. D.	Native of H	Occupation —

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name ~~Hamilton~~ Galloway

Mother's Maiden Name Martin

Cause of Death — Primary: Whooping Cough — How long sick: 2 months

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by A C Crothers

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full — Gayson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Allitonz County: Hayford

Date of death 1905 Month: April Day: 2

Age Years: — Months: — Days: 12

Sex: Male Color or Race: White Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Philip Gayson Father's Birthplace: Maryland

Mother's Maiden Name: Martha Ward Mother's Birthplace: Hayford Co.

Nama of person giving In formation: Philip Gayson How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown How long: Suddenly

Immediate: How long:

Ara the nama, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: George Guy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Bel Air		County: Harford		
Date of death 1905	Month: Apr	Day: 13	Age: Years 70	Months —	Days —
Sex: Male		Color or Race: Black		Birthplace: Md.	
Married, Single or Widowed: Married			Occupation: Laborer		
Name of Wife or Husband: Hannah Guy					
Father's Name				Father's Birthplace	
Mother's Maiden Name: Eliza Guy				Mother's Birthplace: Md.	
Name of person giving information: Hannah Guy				How related to deceased: Wife	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Chronic Nephritis	How long	?
Immediate	Uraemia	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	Russell D. Sappington M.D.
Accident or Suicide?			

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Tabernacle

Name in Full: Lawson T. G. Harris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Earlton — County: Harford

Date of death 1905 — Month: 4 — Day: 28 — Age: 45 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Harford Co Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Susan Brown

Father's Name: Lawson Harris — Father's Birthplace: Md

Mother's Maiden Name: Margaret " — Mother's Birthplace: Md

Name of person giving information: Malachi Harris — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: —

Immediate: Tubercular Meningitis — How long: 200.3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Hopkins

Address: Havre de Grace Md

Accident or Suicide?

Name in Full: William Elias Hess

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Singer — County: Harford

Date of death: 1905 April 22 — Age: 6 2. Months: Days:

Sex: Male — Color or Race: White — Birthplace: Harford Co Md

Occupation: — Where Residing if not at place of death:

Married, ~~Single or Widowed~~: — Name of Wife or Husband: James E Hess

Father's Name: William Hess — Father's Birthplace: " "

Mother's Maiden Name: Margret Gardner — Mother's Birthplace: " "

Name of person giving Imformation: Wife — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 9 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles Bagley M.D.

Address: Bagley, Md.

Accident or Suicide? "

PHYSICIAN OR CORONER

Name in Full: Amelia Jane Hitchcock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Air — County: Harford

Date of death 1905: Month: 4 — Day: 14

Age: Years: 56 — Months: 4 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Maryland.

Married, ~~Single or Widowed~~ — Occupation: Charge of own home

Name of Wife or Husband: J Thomas Hitchcock

Father's Name: William Ross — Father's Birthplace: Maryland

Mother's Maiden Name: Angelia B Ford — Mother's Birthplace: Pensylvania

Name of person giving information: Family Bible — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Extra Peritoneal Encysted Tumor — How long: 16 years

Immediate: Surgical Shock. (46) — How long: 25 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Purnell F Daffenbaugh

Address: Bel Air.

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Accident or Suicide?

Name in Full: Rosie A. Holmes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town — Havre de Grace; County — Harford

Date of death: Month — 4; Day — 18; 1905

Age: Years — 31; Months — –; Days — –

Sex: Female

Color or Race: Black

Birthplace: Havre de Grace

Occupation: House Wife

Where Residing if not at place of death: –

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: John Holmes

Father's Name: Robt Bowser

Father's Birthplace: –

Mother's Maiden Name: Milcha Bowser

Mother's Birthplace:

Name of person giving Information: Joseph Bowser

How related to deceased: Brother

CAUSES OF DEATH

(164)

Primary:

How long:

Immediate: Burned to death

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. H. Smith MD

Address: H de Grace

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: George H. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Hill — County: Harford

Date of death 1905 — Month: 4 — Day: 17 — Age: Years 42 — Months: 9 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Harford Co

Occupation: Farmer & Canner — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Agnes Johnson

Father's Name: James H. Johnson — Father's Birthplace: Harford Co

Mother's Maiden Name: Martha Carsin — Mother's Birthplace: Harford Co

Name of person giving Information: Olin Johnson — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetes — How long: 2 years

Immediate: Diabetic Coma — How long: 14 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. B. Hutchison, M.D.

Address: Forest Hill, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

56

Name in Full: Louisa Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Jarrettsville (Town) — Harford (County)

Date of death 1905: Month: April — Day: 9

Age: Years: 75 — Months: 3 — Days: 15

Sex: Female — Color or Race: African — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Servant

Name of Wife or Husband: Joshua Jones

Father's Name: Timothy Giles — Father's Birthplace: Va

Mother's Maiden Name: Lydia Bush — Mother's Birthplace: Maryland

Name of person giving information: Katherine Jarrett — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

45

Primary: Cancer — How long: 2 Years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Martin L. Jarrett

Address: Jarrettsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Mary Ilee Kidd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Churchville Md (County) Harford

Date of death 190 5 | Month April | Day 15 | Age Years 81 | Months 3 | Days 20

Sex Female | Color or Race | Birthplace Churchville

~~Married, Single~~ or Widowed: Widow | Occupation

Name of Wife or Husband

Father's Name: John Evans | Father's Birthplace: Maryland Kidd

Mother's Maiden Name: Mary Wakeland | Mother's Birthplace: Wales

Name of person giving In formation: Florence Hanna | How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 6 days

Immediate: Exhaustion & heart failure | How long:

Are the name, age, sex, color, date end place correctly given above? yes

Signature of Physician: J. H. Callahan

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A66616

Churchwa

Name in Full: Hartman Leithiser

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Havre de Grace		County: Harford		
Date of death 1905	Month: 4	Day: 18	Age: 79	Months: —	Days: —
Sex: Male		Color or Race: White		Birthplace: Pennsylvania	
Occupation: Foreman			Where Residing if not at place of death: — —		
Married, Single or Widowed: Married	Name of Wife or Husband:				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary			How long
Immediate: Paralysis			How long: Several Months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician: R. H. Smith	
		Address	
Accident or Suicide?			

G. T. Lains

Name in Full: George H Maynadier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Belair	County: Harford			
Date of death 190 5	Month: Apr.	Day: 6	Years: 66	Months: —	Days: —
Sex: Male	Color or Race: White		Birthplace: Maryland		
Married, Single or Widowed: Widower			Occupation: Lawyer		
Name of Wife or Husband: —					
Father's Name: H. G. Maynadier			Father's Birthplace: Maryland		
Mother's Maiden Name: Eliz. Ghiscott			Mother's Birthplace: Maryland		
Name of person giving information: Mrs. Maynadier			How related to deceased: Brother		

CAUSES OF DEATH

64

Primary	—	How long: —
Immediate	Cerebral Hemorrhage	How long: 18 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician: E. Hace Richardson
		Address: Bel Air Md
Accident or Suicide?	—	

PHYSICIAN OR CORONER

Rocks Spring

Name in Full: Thomas J Meads

CERTIFICATE OF DEATH

MARYLAND

Died at: Perryman (Town) — ~~Harford~~ (County)

Date of death: 1905 (Year) 4 (Month) 13 (Day) — Age: 28 Years — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Harford Co

Occupation — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Ella J Meads

Father's Name: Thomas Meads — Father's Birthplace: Virginia

Mother's Maiden Name: Lucy A Harvey — Mother's Birthplace: Virginia

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary — How long

Immediate: Heart failure — How long: 20 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Otis

Address: Perryman Md

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

Name in Full: Calvin Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cecil Town — Harford County

Date of death 190: April (Month) 27 (Day) — Age: 22 Years, Months, Days

Sex: Male — Color or Race: Colored — Birthplace: Harford Co

Occupation: Farm Hand — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Hamp Brooks — Father's Birthplace: Harford Co

Mother's Maiden Name: Lottie Ringgold — Mother's Birthplace: " "

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary: Peritonitis — How long: 5 days

Immediate: " — How long: " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Otis

Address: Bryan

Accident or Suicide?

Name In Full: Helen Virginia Moore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Maynolia (Town) — Harford (County)

Date of death 1905: Month 4 — Day 28

Age: Years 5 — Months 5 — Days 20

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Buck Moore — Father's Birthplace: Maryland.

Mother's Maiden Name: Rachel Preston — Mother's Birthplace: Maryland

Name of person giving information: Rachel Preston — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Pitts

Address: Edgewood

Accident or Suicide?

Name in Full: Irene Mattie Isabelle Moulsdale

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Carsins (County): Harford

Date of death: Month: April Day: 15 1905

Age: Years — Months: 5 Days —

Sex: Female Color or Race: White Birthplace: Harford Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: James Moulsdale Father's Birthplace: Harford Co

Mother's Maiden Name: Sadie Greenland Mother's Birthplace: Harford Co.

Name of person giving In formation: James Moulsdale How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero-Col How long: one week

Immediate: Exhaustion How long: one day

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. H. Smith

Address: Aberdeen Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

Name in Full: Clarence Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Hill; County: Harford

Date of death 1905: Month: Jan; Day: 22; Age: Years: 21; Months; Days

Sex: Male; Color or Race: Black; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Spencer Murray; Father's Birthplace: Md.

Mother's Maiden Name: Georgianna Turner; Mother's Birthplace: " "

Name of person giving information: " "; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Run over by heavy wagon (16); How long: —

Immediate: Syncope — injury to heart; How long: few minutes.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. F. Vaut Gibbs

Address: Bel Air Md.

Accident ~~or Suicide?~~

PHYSICIAN OR CORONER

Fair View, Harb.

Name in Full

Certificate of Death

Jessie Neal

Town: New Carea

County: Harford

Died at: New Carea, Harford — MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1905	April	9	Age 11	8	2	Maryland	School Girl

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of Daughter of

Father's Name: Frank Neal

Mother's Maiden Name:

Cause of Death — Primary: Rheumatism — How long sick: November 1904

Immediate: Valvular disease of Heart — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: John W Poole M.D.

Address: New Park Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Edna E. Ray.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel air — County: Harford.

Date of death 1905: Month: 4 — Day: 15 — Age: Years: 27 — Months: — Days:

Sex: Female — Color or Race: Mulatto — Birthplace: Maryland

Married, ~~Single~~ or Widowed — Occupation: Seamstress

Name of Wife or Husband: Eugene Ray

Father's Name: George M Lytle — Father's Birthplace: Md

Mother's Maiden Name: Margret Lytle — Mother's Birthplace:

Name of person giving information — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 7 mos.

Immediate: Asthma — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Purnell A Lappington

Address: Bel air.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Annie R. Roney

CERTIFICATE OF DEATH

MARYLAND

Died at: Vale (Town) — Harford (County)

Date of death 1903: Apr (Month) 11 (Day)

Age: 85 Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: John Roney

Father's Name: Thomas Kehoe — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Quigley — Mother's Birthplace: Ireland

Name of person giving information: Thomas R. Roney — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Indigestion — How long: One Year

Immediate: Apoplexy — How long: Sudden

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Davis M.D.

Address: Pleasantville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

History

Name in Full: Frank A. Scarbrough

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Macton — (County): Harford

Date of death: 1905 — Month: April — Day: 26 — Years: — Months: 7 — Days:

Age:

Sex: Male — Color or Race: White — Birthplace: Macton Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John W. Scarbrough — Father's Birthplace: Md

Mother's Maiden Name: Mary M Chamberlain — Mother's Birthplace: Md

Name of person giving In formation: John W Scarbrough — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrocephalus — How long: 150 Five months

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. F. H. Arthur

Address: Street Md

Accident or Suicide?

Name in Full: Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Whitford — County: Harford

Date of death: 1905 — Month: 4 — Day: 16 — Age: Years: — Months: 3 — Days: 8

Sex: Male — Color or Race: Colored — Birthplace: Whitford

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Lee Smith — Father's Birthplace:

Mother's Maiden Name: Nellie — Mother's Birthplace:

Name of person giving information: Lee Smith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cafeurony & Bronchitis — How long: 3 days

Immediate: Convulsions — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Fee Cady

Address: Wells Pa

Accident or Suicide?

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Name in Full Ida V. Snowden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Dublin County: Harford

Date of death 1905 Month: Apr Day: 17 Age: Years 2 Months 2 Days

Sex: Female Color or Race: Colored Birthplace: Dublin

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Thomas H. Snowden Father's Birthplace: Dublin

Mother's Maiden Name: Lydia A. Snowden Mother's Birthplace: —

Name of person giving information: Thomas H. Snowden How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 4 days

Immediate: " How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. E. Arthur

Address: Street - Md

Accident or Suicide?

Name in Full Elizabeth Stansbury

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Druella Stanza	County: Harford	
Date of death 1905	Month: 4	Day: 9	Age: Years 23 / Months / Days
Sex: Female	Color or Race: Colored	Birthplace: Harford Co	
Occupation: Cook	Where Residing if not at place of death		
~~Married~~, Single or ~~Widowed~~	~~Name of Wife~~ or ~~Husband~~		
Father's Name: Solomon E. Stansbury		Father's Birthplace: Harford Co	
Mother's Maiden Name: Henrietta Jones		Mother's Birthplace: Stansbury	
Name of person giving Information: Solomon E. Stansbury		How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary		How long: 2 yrs
Immediate: Consumption		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: [illegible]	
	Address: Churchville, Md	
Accident or Suicide?		

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Name in Full: John Waysow

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Havre de Grace — (County): Harford

Date of death (Month, Day, Year): April 3rd 1905

Age: Years 65 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: Holdsmere

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Accidental Killing on Phila. Balto. & W. RR. — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Sylvester E. Fleming Coroner

Address: Havre-de-Grace Maryland.

Accident or Suicide? Accident

Name in Full: Moses Winters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Lapidum			(County) Harford		
Date of death 1905	Month 4	Day 21	Years Age 47	Months	Days
Sex Male		Color or Race White		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed Married		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation Henry M Lorne				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary		How long
Immediate Drowning		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide? Accident	Henry McEarl M.D.	

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Name in Full: Sarah Wye

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Highland; County: Harford

Date of death 1904: Month: April; Day: 8; Years: Age 66; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Pylesville Md.

Married, Single or Widowed: Widow; Occupation: House wife

Name of Wife or Husband:

Father's Name: Tony Gover; Father's Birthplace:

Mother's Maiden Name: Davina Berry; Mother's Birthplace:

Name of person giving Information: Ridge Rice; How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy; How long: 1 year

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. T. Amoris

Address: Street Md.

Accident or Suicide?

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